PTC/SB/17 (10-07)
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Under the Pa	perwork Reduction Act of	1995, no person are r	equired to	respond to a collection				control number.	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known Application Number 10/825,367-Conf. #8100					
				A		ont. #8100			
FEE TRANSMITTAL				Filing Date					
For FY 2008			First Named Inventor Martin Svehla Examiner Name K. Sonnett						
					0704				
	Applicant claims small entity status. See 37 CFR 1.27		Attonic						
TOTAL AMOUNT	T OF PAYMENT	(\$) 930.00	l	Attorney Docket I	No. 2	:2409-00005-l	J5-US 		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP									
For the	above-identified depo	osit account, the D	Director is	s hereby authorize	d to: (checl	k all that apply)			
x Ci	harge fee(s) indicated	d below		Charge	e fee(s) indi	cated below, e x	xcept for th	ne filing fee	
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FI	LING FEES	SE	ARCH FEES	EXAMIN.	ATION FEES			
Application Ty	<u>ype </u>	Small Entity Fee (\$)	Fee (\$	Small Entity (5) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)	
Utility	310	155	510		210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLA	AIM FEES							Small Entity	
Fee Description Fee (\$)								Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							210	105	
Multiple depend	dent claims						370	185	
Total Claims	Extra Claims	Fee (\$)	Fee	aid (\$) Multiple Dependent Claims					
	- 57 = ber of total claims paid for				Fee	<u>• (\$)</u> <u> </u>	Fee Paid (\$	<u>5)</u>	
Indep. Claims	Extra Claims	Fee (\$)	Eoo	Paid (\$)				_	
		x =	1 66	raid (ψ)					
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATIO									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50									
					or small en	tity) for each ac	dditional 50)	
	action thereof. See 3	, , , ,		, ,	4: 4l .	Eng (\$)	F 1	D=:- (¢)	
<u>Total Sheet</u>	<u>Extra Shee</u> - 100 =	_		(round up to a who			<u>- Fee</u>	<u>Paid (\$)</u>	
4. OTHER FEE((Tourid up to u who	ic number, ,	`	Fees	Paid (\$)	
Non-English Specification. \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month									
1801 Request for continued examination (RCE) (see 37 810.00									
SUBMITTED BY									
Signature	/Michael G. Verg	a/		Registration No. (Attorney/Agent)	39,410	Telephone	(202) 33	1-7111	
Name (Print/Type) Michael G. Verga					Date January 11, 2008				
						1			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filling system in accordance with § 1.6(a)(4).							
Dated: _January 11, 2008	Electronic Signature for Michael G. Verga:	/Michael G. Verga/					